

1273

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **51 13**
Registrar's No. _____

1. Place of Death: (a) County Cochise (b) City or Town Douglas, Rural (c) Location Co. Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 8 days; In Community 40 yrs.; In Arizona 40 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Cochise (c) City or Town Douglas
(If outside city limits also write RURAL)
(d) Street No. 725 16th (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____ (c) Social Security No. None
3. (a) FULL NAME Ancil C. Bean (b) If veteran name war _____ (c) Social Security No. None

4. Sex Male 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental ☐
6. (b) Name of husband or wife Amanda Bean 6. (a) Single, married, widowed or divorced Married
6. (c) Age of husband or wife, if alive. ? yrs.

7. Birthdate of deceased Sept. 25, 1872
(Month) (Day) (Year)
8. AGE: Years 72 Months 10 Days 3 If less than one day
hrs. _____ min. _____

9. Birthplace Unknown Texas
(City, town or county) (State or Country)

10. Usual Occupation Retired

11. Industry or Business _____

Father { 12. Name James Bean
13. Birthplace Unknown
(City, town or county) (State or Country)

Mother { 14. Maiden Name Sarah Garrett
15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature Hosp. Records
(b) Address County Hosp., Douglas, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas (c) Date 7-30-47

18. (a) Embalmer's Signature Brown-Page
(b) Funeral Director Douglas, Arizona
(c) Address _____

19. (a) July 29-1947
(Date received Local Registrar)
(b) Beedamson
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 28, 1947
TIME (Hour and minute) 11:45 A. M.

21. I hereby certify that I attended the deceased from July 20
1947 to July 28, 1947
that I last saw him alive on July 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

myocardial failure
Due to generalized arteriosclerosis

Due to _____

Other conditions (Include pregnancy within three months of death) _____

Major findings: Of operations _____

Of autopsy _____

DURATION

3 days

5 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____

While at work? (e) Means of injury _____

23. Signature R. E. Montgomery M. D.
Address Douglas, Ariz. Date signed July 29, 47